SEEC FORM 20

Itemized Campaign Finance Disclosure Statement CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION Revised January 2015

RECEIVED

Page 1 of 17

7015 JUL 10 PM 12: 516 e Only

COVER PAGEN AND CITY CLERK

1. NAME OF COMMITTEE		BRISTUE, U						
Bornes for	Treasurer	-						
2. TREASURER NAME								
First	М	Last	Suffix					
3. TREASURER ADDRESS		1 Julies						
Street Address	City		State Zip Code					
1922 Perkins	s St 2	Bristol	CT QUOIO					
4. ELECTION/REFERENDUM DATE	5. OFFICE SOUGHT (Complete only	y if Candidate Committee)	6. DISTRICT NUMBER					
(mm/dd/yyyy) 11/02/2015	City Trea	Surer	(if applicable)					
7. CANDIDATE NAME (Complete only if	Candidate or Exploratory Committee)							
First	MI	Rosnes	Suffix					
8. TYPE OF REPORT (Check One Box)								
☐ January 10 filing	☐ 7th day preceding primary	☐ 7th day preceding referendum	☐ Initial Contribution or Disbursement					
☐ April 10 filing	☐ 30 days following primary	☐ 45 days following referendum	(PACs ONLY) ☐ Amendment to					
July 10 filing	☐ 7th day preceding election	☐ Deficit	Type of Report:					
☐ October 10 filing	☐ 12th day preceding election (State Central Committees Only)	☐ Termination						
☐ 24 Hour Independent Expenditure O Primary O Election	☐ 45 days following election not held in November							
9. PERIOD COVERED								
- '	Beginning Date	Ending Date						
-		thru 7 9 15	·					
10. CERTIFICATION								
I hereby certify and state, under penalties of false statement, that all of the information set forth on this Itemized Campaign Finance Disclosure Statement for the period covered is true, accurate and complete.								
TREASURER OR DEPUTY TREASURE	<u>S</u>	MI NAME OF SIGNER	S 7915 DATE (mm/dd/yyyy)					
A person who is	found to have knowingly and w	villfully violated any provisions of the	campaign finance statutes					

faces a civil penalty or imprisonment or both.

Itemized Campaign Finance Disclosure Statement CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION Revised January 2015

SUMMARY PAGE TOTALS

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT	
barnes for Treasurer	1001U 10 F	ilina/
	COLUMN A This Period	COLUMN B Aggregate
Balance on hand January 1 of current year for ongoing and party committees OR Balance on hand from day committee was formed for all other committees	Ø	Ø
12. Balance on hand at the beginning of Reporting Period	Ø	Ø
13. Contributions Received from Individuals (Sections A and B)	Ø	$\langle \langle \rangle$
14. Receipts from Other Committees (Sections C1 and C2)	Ø	Ø
15. Other Monetary Receipts (Sections D through K)	Ø	6
16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)	Ø	Ø
16b. Per Public Act 11-48, effective January 1, 2012 Section L2. removed		
16c. Total Purchases of Advertising—Program Book or Sign (Section L3)	\emptyset	Ø
17. Total Monetary Receipts (add totals for Lines 13 through 16c)	Ď	
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)	Ø	Ó
19. Expenses Paid by Committee (Section P)	Ø	Ø
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	['] ∅	Ó
21. In-Kind Donations not Considered Contributions Received (Section L4)	\bigcirc	Ó
22. In-Kind Donations not Considered Contributions — House Party (Section L5)	Ø	Ø
23. In-Kind Contributions Received (Section M)	Ø	Ø
24. Refundable Deposit to Telephone Company (Section N)	Ø	8
25. Loan Balance	\emptyset	Ø
25a. + Loans Received (Section D)	Ø	
25b. + Interest and Penalties on Loan	Ø	Ø
25c Payments on Loan	Ø	Ø
25d. Total Outstanding Loan Amount	Ø	6
26. Campaign Expenses Paid by Candidate (Section Q)	Ø	Ø
27. Expenses Incurred on Committee Credit Card (Section R)	(Z)	Ó
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)	Ø	Ø
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)	Ó	6

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT		
thought the sux	7		0)111	101	11:00
A. Total Contributions from Small Contributors-Recei	ved this	s Period ONLV	0019	$\frac{10^{-1}}{1}$	Mrc
		TAL SECTION A	\$		
			P		
B. Itemized Co	ontribu	tions from Indivi	duale		
Last Name	First		uuuis		MI
Residential Street Address	City			State Zip (Code
Principal Occupation		Name of Employer			·····
			•.		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	0 to a cand e is associ	lidate for a chief executive ated with have a contract Yes \text{No}	e officer of a municipality, with said municipality	, Amount of	f Contribution
Is this contribution associated with an Yes Is contributor a principal of a	state cont		e contractor?	1	
event reported in Section L1?	anch or br	anches	☐ No☐ Legislative		
Method of Contribution:		Date Received	Aggregate Contributions	-	
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Mone	y Order				
Last Name	First				МІ
Residential Street Address	City			State Zip C	Code
Principal Occupation	V	Name of Employer			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a cand e is associa	idate for a chief executive ated with have a contract Yes No	e officer of a municipality, with said municipality	Amount of	f Contribution
Is this contribution associated with an Yes Is contributor a principal of a	a state con		e contractor?	1	
event reported in Section L1?	anch or br	ranches	☐ No ☐ Legislative		
Method of Contribution:		Date Received	Aggregate Contributions	+	
□ Cash □ Personal Check □ Credit/Debit Card □ Payroll Deduction □ Mone	y Order				
Last Name	First	į			MI
Residential Street Address	City			State Zip C	Code
Principal Occupation	<u>' </u>	Name of Employer			
Is contributor a lobbyist, spouse,) to a cand	idate for a chief executive	e officer of a municipality,	Amount of	Contribution
or dependent child of a lobbyist?	e is associa	ated with have a contract	with said municipality		
Is this contribution associated with an Yes Is contributor a principal of a	state cont		e contractor?	1	
event reported in Section L1?	anch or br	anches	☐ No		
Method of Contribution:		Date Received	Aggregate Contributions	\	
□ Cash □ Personal Check □ Credit/Debit Card □ Payroll Deduction □ Money	y Order				
SUR	ТОТАІ	Section B — This	Page		
		litional Section B P	42		
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line		IDUALS (Sections A nn A of Summary Page 1			

	MITTEE (Provide Compl	lete Name as Registered v	with Filing Reposi	itory)		1	TYPE OF REPORT		1
1 XUI	165 701	near	2016	<u>ť</u>			$\rightarrow 010$	104	ling
		C1. (Contributio	ons from O			J		Λ
Name of Committee					Name of Trea	asurer			O
Address				Is this contr	ted in Section I	L1?	☐ Yes ☐ No	Amoun	of Contribution
City		State	Zip Code	Date Rece		list Event #	e Contributions	=	
			Zap code			, riggiogui			
Name of Committee				•	Name of Trea	asurer			
Address					ted in Section I	L1?	☐ Yes ☐ No	Amount	of Contribution
City		State Zip Code Date Received Aggregate Contrib			-				
Name of Committee		$\overline{}$			Name of Trea	asurer			
Address				Is this contri event report	ted in Section L	ated with an L1? list Event #	☐ Yes ☐ No	Amount	of Contribution
City		State	Zip Code	Date Rece			e Contributions		
	C2. 1	Reimbursemen	ts or Surpl	ne Dietrib	utions from	m other (ommittees		
Name of Committee	<u></u>			THE REAL PROPERTY.	Name of Trea		- CHILINE		
Address				City	1			State	Zip Code
Date Received	Expenditure #	Payment Type	· · · · · · · · · · · · · · · · · · ·			-			nt of Receipt
	(if applicable)	Reimbursem	ent for shared e	expense S	Surplus Distribu	ution		Amou	nt of Receipt
Description									
Name of Committee					Name of Trea	isurer			
Address				City			ele de la companya d	State	Zip Code
Date Received	Expenditure # (if applicable)	Payment Type Reimburse	ement for shared	d expense	Surplus Distri	ibution		Amou	nt of Receipt
Description			M-12-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1						
			SUBTO	OTAL Section	on C — Thi	s Page	(7	5	
			TOTAL	of additiona	l Section C	Pages	(7	7	
		F ALL COMMIT ns C1 + C2) <i>(Enter t</i>					(1	5	

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE (Provide Complete Name as Registered with I	iling Reposi	itory)			TYPE OF	REPORT	Ω
tames to Treas	wes				00	WIC) tiling
	. Loans	Receiv	ed this Period			\bigcup	
Name of Lender			Source of Loan: Bank Candi	idate 🔲	Individual	Other Committee	Date of Receipt
Street Address	City				State	Zip Code	Is there a Cosigner or Guarantor of this loan?
Name of Cosigner/Guarantor (if applicable)	<u> </u>			I			Yes No Amount Received
Street Address	City				State	Zip Code	
Name of Lender	* http://des.		Source of Loan: Bank Candid	idate 🔲	Individual		Date of Receipt
Street Address	City	Was her all was	<u> </u>		State	Committee Zip Code	Is there a Cosigner or Guarantor of this loan?
Name of Cosigner/Guarantor (if applicable)	<u> </u>	W S J Strading	The British of the State of the				Yes No Amount Received
Street Address	T.Cit.,		1.38 February Barbara		Se. 1-	13: 6.1	
Street Address	City		* 18 Jespender	AND A STATE OF THE	State	Zip Code	
Name of Lender			Source of Loan: Bank Candie	idate 🔲	Individual	Other Committee	Date of Receipt
Street Address	City		<u> </u>		State	Zip Code	Is there a Cosigner or Guarantor of this loan?
Name of Cosigner/Guarantor (if applicable)			W	1			Yes No Amount Received
Street Address	City				State	Zip Code	*
			TOTAL SECTION	ON D		9	5
E. Receipts from Entities other tha	n Indiv	-iduale	ar Other Comm	:44000	D-forgue	·	ONT IN
Name of Entity	III IIIUIV	luuais	or Other Comm	littees	(Kejereni	tum Commuie	es UNLY)
Street Address				Date Re	eceived		Amount Received
City	Makan hay Solah	State	Zip Code	Aggreg	ate Contribu	tions	
Name of Entity	- Walter	* 27 Table & State & S					
Street Address			Add the said the said to the s	Date Re	ceived		Amount Received
City		State	Zip Code	Aggrage	ate Contribu		
		Duit.		LIEB100	ale Change in the	HOUS	
Name of Entity						The second secon	San
Street Address				Date Re	eceived		Amount Received
City		State	Zip Code	Aggreg	ate Contribu	tions	
			TOTAL SECTION	ON E		Ø	

NAME OF COMMITTEE (Pr	ovide Complete Name as Regis	tered with Filing I	Repository)		ТұрЕ	OF REPORT
+ sames	10- TH	easi	res		\bigcirc	Jus 10 tiling
F. Aı	nount Transferred	from Affil	liated Bu	siness Treasury (Busine	ess Entid	ty Committees ONLY)
Date of Receipt	Is this transaction assoc event reported in Section		☐ Yes ☐ No	If yes, list Event #		Amount
Date of Receipt	Is this transaction associated event reported in Section		Yes No	If yes, list Event #		Amount
Date of Receipt	Is this transaction assoc event reported in Section		☐ Yes ☐ No	If yes, list Event #	an charge a November of the Co	Amount
Date of Receipt	Is this transaction assoc event reported in Section		☐ Yes ☐ No	If yes, list Event #		Amount
				TOTAL SECTION	F	8
					:	
G. Amount Trans	ferred from Affilia	ted Labor	Union or	Other Organization	Freggi	Try (Organization Committees ONLY)
Date of Receipt		Date of Receipt		other Organization	Date of R	
and the second s	والمراوح	on the state and action of the second section is	an ways eigen and a speciment of see of	CONTRACT SAME SAME SAME SAME SAME SAME SAME SAME	24.0 0.1	
Amoui	Amount			MARINE AND VANCES	Amount	

				TOTAL SECTION G		\bigcirc

н.	Personal Funds of	the Candi	date Rec	eived this Period (Cana	lidate C	ommittees ONLY)
Date of Receipt	Method of payment:					Amount
	☐ Cash		Personal Che	ck	ard	
Date of Receipt	Method of payment:	Particular Marian				Amount
	☐ Cash		Personal Che	ck	ard	
Date of Receipt	Method of payment:			and had and and and and and and and and and a		Amount
	☐ Cash		Personal Che	ck Credit/Debit Ca	ard	
Date of Receipt	Method of payment:			VERRY RANGE	CONTRACT SECTION AND ADDRESS OF THE PERSON A	Amount
	☐ Cash		Personal Che	ck	ard	The state of the s
				TOTAL SECTIO	NΗ	
						\
		I. An	onymous	Contributions		
amoun	t. If a committee	receives are contribut	n anonyr ion to th	ributions may no long nous contribution, the e State Elections Enfo he General Fund.	camp	paign treasurer shall

NAME OF COMMITTEE (Provide Complete Name as Registered with it	Gilina Ranositom)	TVD	E QF RI	POPT	\bigcap
	28cret			0 1	+1/2/100
	rom Deposits in Authorized Accoun	nts	<u> </u>	$\frac{\alpha}{\lambda}$	miney
Name of Institution-			Received		Amount
				İ	
Street Address	City	State	Zi	p Code	
and darking to	and descriptions and the second secon				
Name of Institution	The second secon	Date	Received		Amount
			and the transfer of the transfer of the	and it would be supply to before the because	then.
Street Address	City	State	Zi	p Code	consists that the standings to the last of the standards are a standards about a second
					- ×
	TOTAL SECTIO	NJ		***	
K. Miscellaneous Mo	onetary Receipts not Considered Co	ontril	bution	ıs	
Name			Date of	Transaction	Amount Received
Street Address	City	Sta	te	Zip Code	· · ·
Description				<u> </u>	
			- 25		
Name			Date of	ransaction	Amount Received
Street Address	City.	Sta	te	Zip Code	
	The same of the sa				
Description	and the same of th				
Name			Date of T	ransaction	A
		T. S.			Amount Received
Street Address	City	Stat	e constant	Zip Code	
Description				The state of the s	
Description				The state of the s	No. Contraction of the Contracti
Name			Date of	ransaction	Amount Received
Street Address	City	Sta	te	Zip Code	
Description				<u></u>	
	TOTAL SECTION K				
CHMM ADV OF OTHER	MONETADY DECEIDTS (Section		4hman	ah IX	
	R MONETARY RECEIPTS (Section	ons D	tnrou	gn K)	
Total Loans Received this Period (Section D)					
Total Receipts from Entities other than Individuals or Ot	her Committees (Section E)	+			
Total Amount Transferred from Affiliated Business Trea	sury (Section F)	+			
Total Amount Transferred from Affiliated Labor Union	or Other Organization Treasury (Section C	}	-		
Total Amount of Personal Funds of the Candidate Receiv	red this Period (Section H)	+			
Total Amount of Interest from Deposits in Authorized Ac	ecounts (Section J)	+			
Total Miscellaneous Monetary Receipts not Considered (+			
	Total of Other Monetary		einte	~	7
(Add Sections D through	K) (Enter total on Line 15, Column A of Summa)

II. EVENT ACTIVITY (Sections L1—L5)

NAME OF COMMITTEE (Prov	vide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	()			
Dames	TO THOSE	5		July	04	tura		
	L1. Event	t Infori	nation			\wedge		
	scription				Was this a	fundraising event		
Date of Event Letter					□ Y	•		
Location: Street Address		City			State	Zip Code		
Succe Address		City			State	Zip Code		
Subpart 1: (All Committees)					-			
Was this event hosted at a per	rsonal residence?	☐ Yes	(If yes, go to Section L5					
			Associated with a Hou purchases made by host					
***		☐ No	1	()				
Did this fundraiser include go	oods or services donated by a business entity	☐ Yes	(If yes, go to Section L4	In-Kind Donations	not Consider	red Contributions		
of up to \$200 or items donated	d by an individual of up to \$100?	□ No	and complete required i	nformation.)				
Was this for decision a tax sale			(TC					
was this fundraiser a tag sale, with purchases from an indivi	, auction, or other sale of donated items idual of up to \$100?	⊔ Yes	(If yes, enter Total Rece	eipts here.)	\$			
William Political and Market	common aproprio	□ No			Ψ			
Subpart 2: (Party Committee	es, Municipal Candidates and Political Comn	nittees ot	her than Exploratory	Committees)				
	ertising space in a program book or on a	☐ Yes	(If yes, go to Section L3			in a Program Book		
sign associated with this fund	raiser?	□ No	or on a Sign and comp	lete required informa	ation.)			
Subpart 3: (Town Committee	es ONLY)							
Did your committee sell food	l or beverage at a fair or similar mass	☐ Yes	(If yes, enter Total Reco	eipts here.)	6			
gathering held within the state	e with this fundraiser?	Път			\$			
		□ No						
		7						
Event # Desired Letter Desired	scription	1			Was this a	fundraising event		
		`	A		□ Y6	es 🛘 No		
Location: Street Address		City			State	Zip Code		
						İ		
		<u> </u>						
Subpart 1: (All Committees)		□ Vaa	(K	T 77 175 4*.				
Was this event hosted at a per	sonar residence?	∐ 1 es	(If yes, go to Section L5 Associated with a Hou	se Party and complet	e required in	ed Contributions Iformation for any		
		purchases made by host(s) for food, beverage and invitations.)						
		□ No						
	oods or services donated by a business entity ed by an individual of up to \$100?	☐ Yes	(If yes, go to Section La and complete required i		not Consider	ed Contributions		
of up to \$200 of fichis donate	a by an individual of up to \$100?	□ No	and complete required i	mormation.)				
Was this fundraiser a tag sale	e, auction, or other sale of donated items	☐ Yes	(If yes, enter Total Reco	eints here				
with purchases from an indivi			(4) 500, 00000 20000 20000		\$			
		□ No						
Subpart 2: (Party Committee	es, Municipal Candidates and Political Comnectising space in a program book or on a	nittees of	her than Exploratory ((If yes, go to Section L3	Committees)				
sign associated with this fund		L I CS	or on a Sign and comp		~ ~	n a Program Book		
, and the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second		□ No	9	1				
Subpart 3: (Town Committee								
	or beverage at a fair or similar mass	☐ Yes	(If yes, enter Total Rece	ipts here.)	\$			
gathering held within the state	e with this fundraiser?	□ No			<u> </u>			
CTIPITOTILE C								
SUBTOTAL Section Li	1—Subpart 1 (All Committees) Total Receipts fro	om Sale	of Donated Items —	This Page		*		
	SUBTOTAL Secti	on L1—s	ubpart 3 <i>(Town Commit</i> t	tees ONLY)	\overline{X}			
			Food Purchases —)		
		TOTAL	.f.aldi#==15	T. D.				
	TOTAL of additional Section L1 Pages							
	TOTAL OF ALL RECE		ROM SMALL PUR Column A of Summary		(1)			

II. EVENT ACTIVITY (Sections L1—L5)

Per Public Act 11-48, effective January 1, 2012 committees are no longer required to itemize small individual purchases from a committee tag sale, auction, or a sale of donated items. Section L2. removed

NAME OF COMMITTEE	(Provide Complete Name as Register		ory)	TYPE OF	REPORT	~ () (
Xames	stor Tree	asure	5		141	Otili	na,
	L3. Purchase	s of Advertisi	ng in a Progra	m Book or on a Sig	n (X
Name of Purchaser					Purcl	ase Made By:	$\overline{}$
						Business Entity	☐ Other
					ים	ndividual/Sole I	Proprietorship
Street Address			City	***************************************		State	Zip Code
Date Received	Event #	Aggregate Purchases	s for All Events	Amount of Program Ad	Purchase	Amount of Si	ign Purchase
Name of Purchaser		<u> </u>			Purch	ase Made By:	
						Business Entity	☐ Other
						ndividual/Sole F	
Street Address			City			State	Zip Code
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Program Ad	Purchase	Amount of Si	gn Purchase
	,			, and the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second			
Name of Purchaser	**************************************				Purcl	ase Made By:	
						Business Entity	☐ Other
		No. of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of				ndividual/Sole F	Proprietorship
Street Address	, , , , , , , , , , , , , , , , , , ,		City			State	Zip Code
D (D) 1	Tr	T	6 4115	T			
Date Received	Event #	Aggregate Purchases	s for All Events	Amount of Program Ad	Purchase	Amount of Si	gn Purchase
		İ	\				
Name of Purchaser				\	Purch	ase Made By:	
					1	Business Entity	☐ Other
						ndividual/Sole P	
Street Address			City			State	Zip Code
,							
		_	<u> </u>				<u> </u>
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Program Ad	Purchase	Amount of Si	gn Purchase
		j					
Name of Purchaser		1		<u> </u>	Pirel	ase Made By:	
Tumb of Tubhaser					1 \	Susiness Entity	☐ Other
					i	ndividual/Sole P	
Street Address			City			State	Zip Code
out of Addition			City			State	Zap code
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Program Ad	Purchase	Amount of Si	gn Purchase
							•
		<u> </u>					
	SUBTOTAL Section L3 T	otal Purchases of	Advertising in P	rogram Book — This Pa	age	0	
	SUBTOTAL Secti	ion L3 Total Purc	chases of Advertis	ing on a Sign — This Pa	age	(X)	
			TOTAL of a	dditional Section L3 Pa	ges	X	
тота	L OF ALL PURCHASES C					X	
		(Enter total on	Line 16c, Column	A of Summary Page Tota	us)		

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	L4. In-	Kind Donations	Not Conside	red Contributi	ons J		()
Name of Donor							
Street Address			City			State	Zip Code
Donation Given By:	Description of Donation					Fair Market Va	lue of Donation
☐ Business Entity						I wan wanted to	nuc or Donation
☐ Individual	Pate Received	Event #		Aggregate Value for th	is Event		
☐ Sole Proprietorship							
Name of Donor				<u> </u>		<u> </u>	
Street Address			City			State	Zip Code
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Name of Donor							
Street Address			City			State	Zip Code
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Name of Donor							
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Street Address			City			State	Zip Code
Donation Given By:	Description of Donation					Fair Market Va	lue of Donation
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☐ Sole Proprietorship	<i>*</i>						
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		SUB	OTAL Section	L4— Illis Page			
		тота	L of additional	Section L4 Pages			
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II. EVENT ACTIVITY (Sections L1—L5)

NAME OF COMMITTEE (Pro	vide Complete Name as Registered with Filing Repo	ository)		TYPE OF REPORT		
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L5. I	n-Kind Donations Not Conside		iated with a l	House Part	v\	
Name of Host			Is this event committee?		ore than o	ne candidate or
Street Address		City			State	Zip Code
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Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—this	s host/candidate			
Name of Host			committee?	supporting mo Yes No mplete Itemiza)	ne candidate or
Street Address		City	1	-	State	Zip Code
Description of Donation				<u>_</u>		<u> </u>
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Street Address	***************************************	City			State	Zip Code
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Name of Host			committee?	supporting mon Yes No mplete Itemizat)	ne candidate or
Street Address		City			State	Zip Code
Description of Donation				Fair Mark	cet Value	of Donation
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—this	host/candidate			
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NAME OF COMMITTEE (Provide Complete				ry)			TYPE	OF REPORT		
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☐ Individual / Sole Proprietorship ☐ Other										
Is contributor a lobbyist, spouse, Yes	If contri	bution is in	excess of \$40	0 to a candid	date	for a chief executive	officer of	a municipality,		
or dependent child of a lobbyist?	does cor	ntributor or t more than	business he/sh	e is associat	ted v	with have a contract w ☐ Yes ☐ No	ith said m	unicipality		Market Value Contribution
Is this contribution associated with an	☐ Yes			l of a state c	contr	actor or prospective s	ate contra	ctor?	OI this	
event reported in Section L1? If yes, list Event #	□ No	If yes,	indicate whice	h branch or	r bra			□No		
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Is contributor a lobbyist, spouse,	If contr	ibution is ir	n excess of \$40	00 to a cand	idate	for a chief executive	officer of	a municipality,		Market Value
or dependent child of a lobbyist?										
Is this contribution associated with an Yes Is contributor a principal of a state contractor or prospective state contractor?										
event reported in Section L1?										
Name									1111	
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Type of contributor: ☐Committee ☐Individual / Sole Proprietorship ☐Other	Date Recei	ved	Aggregate Cor	ntributions		Description of In-Kind	Contributio	n		
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event reported listed in Section L1?	☐ No	If yes,	indicate whicl	h branch or	brai	nches		□ No		
If yes, list Event#		of gove	rnment the cor	ntract is with	h:	☐ Executive	☐ Legisl	ative		
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SEEC FORM 20

IV. EXPENDITURES (Sections P—T)

Page 13 of 17

Revised January 2015	- 1 V	· · · · · · · · ·	(Sections 1		
NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Repositor)	<i>(v</i>		TYPE OF REPORT	\mathcal{L} $\left(\right)$.
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(by code)					
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Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required to	unless "None of	the below" is chec	ked)	
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	TOTAL OF ALL EXP				
	(Enter total on Lin	ne 19, Column A	of Summary Page	e Totals) (//	

NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Repositor)	TYPE OF REPORT	TYPE OF REPORT			
Time	Stor Treasure	DUU ()-tillna			
Q. Campaign Expenses Paid by Candidate						
Name of Payee (Name of Vendor, Person or Entity who candidate paid directly) Date of Payment Is re-						
				☐ Yes ☐ No		
			□ 1c2 □ 140			
Street Address		City		State Zip Code		
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IV. EXPENDITURES (Sections P—T)

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